

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

AO 440 (Rev. 8/01) Summons in a Civil Action

SERVICE COPY

MAY 30 2008

JAMES R. LARSEN, CLERK
DEPUTY
SPOKANE, WASHINGTON

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

P. DALE DESKINS,

PLAINTIFF,

SUMMONS IN A CIVIL CASE

V.

ASSOCIATED CREDIT SERVICES, INC.
ERIC M. SOLBERG, et ux; JON M.
SOLBERG, et ux.; DAVID M.
SOLBERG, et ux.; AND PAUL J.
WASSON, et ux.,

CASE NUMBER: CV-08-049LRS

DEFENDANTS.

TO: (Name and address of Defendant)

ALL NAMED DEFENDANTS ABOVE-REFERENCED

RECEIVED
UNITED STATES DISTRICT COURT
EASTERN WASHINGTON
SPOKANE
08 MAY 27 PM 2:33

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

P. DALE DESKINS
12128 N. DIVISION, #136
SPOKANE, WA 99218

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

FEB 08 2008

CLERK

DATE

(By) DEPUTY CLERK

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 05/29/23
NAME OF SERVER (PRINT) MARTIN J. KRIDIER	TITLE CID usm

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant. Place where

Just American Desserts parking lot, Spo. by. wa.

- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were

- ☐
- Returned

- ☐ Other (specify):

TRAVEL \$ 2.45	SERVICES \$ 45.00	TOTAL \$ 47.45
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

05/29/08
Date

Signature of Server

Marting K. G. C.
Signature of Server

Address of Server

P.O. Box 1463, Spokane WA 99210
Address of Server

U.S. Department of Justice
United States Marshals Service

Case 2:08-cv-00049-LRS

Document 28

Filed 05/30/08

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF P. DALE DESKINS	COURT CASE NUMBER CV-08-0496RS
DEFENDANT ASSOCIATED CREDIT SERVICE CORP	TYPE OF PROCESS ORIGINAL
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DAVID M. SOLBERG, JANE L. SOLBERG, H+W
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 24310 PINEHURST LN, LIBERTY LAKE, WA 99019

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
P. DALE DESKINS, PRO SE 12128 N. DIVISION #136 SPOKANE, WA 99218	<table border="1"><tr><td>Number of process to be served with this Form - 285</td><td>(2) SAC</td></tr><tr><td>Number of parties to be served in this case</td><td>(9) TOTAL</td></tr><tr><td>Check for service on U.S.A.</td><td>DEFS.</td></tr></table>	Number of process to be served with this Form - 285	(2) SAC	Number of parties to be served in this case	(9) TOTAL	Check for service on U.S.A.	DEFS.
Number of process to be served with this Form - 285	(2) SAC						
Number of parties to be served in this case	(9) TOTAL						
Check for service on U.S.A.	DEFS.						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Residence Address - AFTER 6:00 on weekends
GATED? Likely to BE HOME

Signature of Attorney or other Originator requesting service on behalf of: P. DALE DESKINS, PRO SE	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 276-9873	DATE 2-26-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 085	District of Origin No. 1	District to Serve No. 1	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 3/4/08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 3/1/08 Time pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

**UNITED STATES MARSHALS SERVICE
EASTERN DISTRICT OF WASHINGTON
Process Cost Worksheet**

Case #: CV-08-049-LRS
Case Caption: P. Dale Deskins
Person to be served: David M. SOLBERG
Actual Address: 24310 Pinehurst Ln., Liberty Lake, WA

REGULAR DUTY HOURS

Number of Items	Service Fee	Within 2 hrs or add'l hours	TOTAL
1	\$45.00		\$45.00
	\$20.00		\$0.00

OVERTIME SERVICES

Number of Items	Service Fee	Within 2 hrs or add'l hours	TOTAL
	\$50.00		\$0.00
	\$25.00		\$0.00

(If both regular duty and overtime hours were used, both minium charges should be charged)
REMARKS:

ADDITIONAL DEPUTIES

Number of Items	Service Fee	Reg hours/OT hours	TOTAL
	\$20.00		\$0.00
	\$25.00		\$0.00
	*****Total Process Fees*****		\$45.00

OTHER EXPENSES

Mileage	7	.35	\$2.45
Photocopies		.10	\$0.00
Out of Pocket Expenses			
	*****Total Other Expenses*****		\$2.45

ADDITIONAL COSTS

Forwarding Fee	\$3.00	\$0.00
Service by Mail	\$3.00	\$0.00
	*****Total Additional Costs*****	
		\$0.00

GRAND TOTAL \$47.45

Deputy: 
(Print) Martin J. Kridler

Date: 05-30-2008

SERVICE COPY

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

P. DALE DESKINS,

PLAINTIFF,

SUMMONS IN A CIVIL CASE

V.

ASSOCIATED CREDIT SERVICES, INC.
ERIC M. SOLBERG, et ux; JON M.
SOLBERG, et ux.; DAVID M.
SOLBERG, et ux.; AND PAUL J.
WASSON, et ux.,

CASE NUMBER: CV-08-049LRS

DEFENDANTS.

TO: (Name and address of Defendant)

ALL NAMED DEFENDANTS ABOVE-REFERENCED

RECEIVED
UNITED STATES DISTRICT COURT
EASTERN WASHINGTON
SPOKANE
08 MAY 27 PM 2:33

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

P. DALE DESKINS
12128 N. DIVISION, #136
SPOKANE, WA 99218

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

FEB 08 2008

CLERK

DATE

(By) DEPUTY CLERK

SAO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	5/28/08
NAME OF SERVER (PRINT) SLAZNIK	TITLE	DUSM
<i>Check one box below to indicate appropriate method of service</i>		
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where <u>12815 E SPRAGUE</u>		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were _____		
<input type="checkbox"/> Returned _____		
<input type="checkbox"/> Other (specify): _____		
STATEMENT OF SERVICE FEES		
TRAVEL <u>10.20</u>	SERVICES <u>45.00</u>	TOTAL <u>55.20</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>5/28/08</u> <u>[Signature]</u> Date Signature of Server</p> <p><u>920 W RIVERSIDE</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>P. DALE DESKINS</u>	COURT CASE NUMBER <u>CV-08-049 LRS</u>
DEFENDANT <u>ASSOCIATED CREDIT SERVICE et al</u>	TYPE OF PROCESS <u>ORIGINAL</u>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>JON M. SOLBERG & JANE DOE SOLBERG, H & W</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4331 MAMER RD, SPOKANE, WA 99206</u>	
AT <u>4331 MAMER RD, SPOKANE, WA 99206</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>P. DALE DESKINS, PRO SE</u> <u>12128 N. DIVISION, # 136</u> <u>SPOKANE, WA 99213</u>	
Number of process to be served with this Form - 285 <u>(2) S & C</u>	Number of parties to be served in this case <u>(9) TOTAL DESKINS</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldResidence Address: AFTER 6:00 pm
OR weekends likely
to be homeSignature of Attorney or other Originator requesting service on behalf of:
P. DALE DESKINS, PRO SE
☒ PLAINTIFF
☐ DEFENDANT
TELEPHONE NUMBER
276 9873
11-5546
DATE
2-26-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>085</u>	District to Serve No. <u>085</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date _____
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I hereby certify and return that ☒ I have personally served, ☒ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)Name and title of individual served (if not shown above)
Address (complete only if different than shown above)
12815 E SPRAGUE
ASSOCIATED CREDIT SERVICES☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
5/28/08
Time
10:50 amSignature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>5.10</u>	Forwarding Fee <u>0</u>	Total Charges <u>50.10</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
MILEAGE - 10 miles
1 hr - 1 bus

NOTE

AO 440 (Rev. 8/01) Summons in a Civil Action

SEARCHED

UNITED STATES DISTRICT COURT

EASTERN

District of

WASHINGTON

P. DALE DESKINS,

PLAINTIFF,

V.

SUMMONS IN A CIVIL CASE

ASSOCIATED CREDIT SERVICES, INC.
ERIC M. SOLBERG, et ux; JON M.
SOLBERG, et ux.; DAVID M.
SOLBERG, et ux.; AND PAUL J.
WASSON, et ux.,

DEFENDANTS.

CASE NUMBER:

CV-08-049LR

RECEIVED
UNITED STATES W/CHAM
EASTERN WASHINGTON
SPOKANE

08 MAY 27 PM 2:33

TO: (Name and address of Defendant)

ALL NAMED DEFENDANTS ABOVE-REFERENCED

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

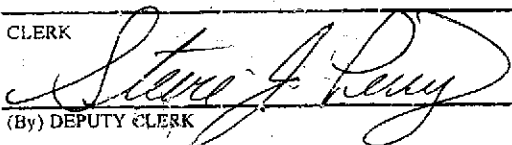
P. DALE DESKINS
12128 N. DIVISION, #136
SPOKANE, WA 99218

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

James R. Larsen

FEB 08 2008

CLERK



(By) DEPUTY CLERK

DATE

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	5/28/08
NAME OF SERVER (PRINT) SLAZNIK	TITLE	DUSAN
<i>Check one box below to indicate appropriate method of service</i>		
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where <u>12815 E SPRAGUE</u>		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were _____		
<input type="checkbox"/> Returned _____ _____		
<input type="checkbox"/> Other (specify): _____ _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL <u>0</u>	SERVICES <u>45.00</u>	TOTAL <u>45.00</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>5/28/08</u> <u>[Signature]</u> Date Signature of Server</p> <p><u>920 W RIVERSIDE</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF P. DALE DESKINS	COURT CASE NUMBER CV-08-049LRS
DEFENDANT ASSOCIATED CREDIT SERVICE CO	TYPE OF PROCESS ORIGINAL
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ERIC M. SOLBERG & JANE DOE SOLBERG, INW	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 23014 WAGON ROAD, COLBERT, WA 99005	
AT 23014 WAGON ROAD, COLBERT, WA 99005	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: P. DALE DESKINS, PRO SE 12128 N. DIVISION, # 136 SPOKANE, WA 99218	
Number of process to be served with this Form - 285 (2) S+C	Number of parties to be served in this case (9) TOTAL DEF'S
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Residence Address AFTER 7:30 pm.

OR Weekends
Likely to be Home

Signature of Attorney or other Originator requesting service on behalf of: P. DALE DESKINS, PRO SE	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 276-9873	DATE 2-26-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 085	District to Serve No. 085	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 3/4/08
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I hereby certify and return that ☒ I have personally served, ☒ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 3/4/08 Time 10:50 am
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 45.00	Total Mileage Charges (including enfeavors) 0	Forwarding Fee 0	Total Charges 45.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

AO 440 (Rev. 8/01) Summons in a Civil Action

SERVICE COPY**UNITED STATES DISTRICT COURT****EASTERN**

District of

WASHINGTON**P. DALE DESKINS,****PLAINTIFF,****SUMMONS IN A CIVIL CASE****V.****ASSOCIATED CREDIT SERVICES, INC.
ERIC M. SOLBERG, et ux; JON M.
SOLBERG, et ux.; DAVID M.
SOLBERG, et ux.; AND PAUL J.
WASSON, et ux.,**CASE NUMBER: **CV-08-049LRS****DEFENDANTS.**

TO: (Name and address of Defendant)

ALL NAMED DEFENDANTS ABOVE-REFERENCED

RECEIVED
U.S. DISTRICT COURT
EASTERN WASHINGTON
SPOKANE
MAY 27 PM 2:33

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)**P. DALE DESKINS
12128 N. DIVISION, #136
SPOKANE, WA 99218**

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

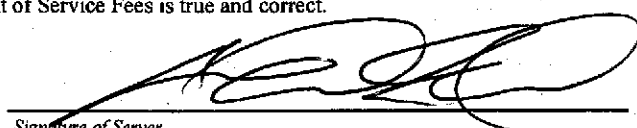
James R. Larsen**FEB 08 2008**

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	5/28/08
NAME OF SERVER (PRINT) <u>SLAZNIK</u>	TITLE	BUSM
<i>Check one box below to indicate appropriate method of service</i>		
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where <u>12815 E SPRAGUE</u>		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were _____		
<input type="checkbox"/> Returned _____		
<input type="checkbox"/> Other (specify): _____		
STATEMENT OF SERVICE FEES		
TRAVEL <u>0</u>	SERVICES <u>45.00</u>	TOTAL <u>45.00</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>5/28/08</u> <u></u> Date Signature of Server</p> <p style="text-align: center;"><u>920 W RIVERSIDE</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

12

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>P. DALE DESKINS</u>	COURT CASE NUMBER <u>1V-08-049 LRS</u>
DEFENDANT <u>ASSOCIATED CREDIT SERVICES, CT. AL.</u>	TYPE OF PROCESS <u>RIE</u>

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>ASSOCIATED CREDIT SERVICES, INC.</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>12815 E. Sprague CHERIE M. SOUTER, RFB, AGENT 4200, SPOKANE VALLEY, WA</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>P. DALE DESKINS, PRO SE 12128 N. DIVISION #136 SPOKANE, WA 99218</u>	Number of process to be served with this Form - 285 <u>(1) 99016</u>
	Number of parties to be served in this case <u>(9) total DEFS</u>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
10-5:00 pm, Office Address for Collection Agency
SERVE ERIC SALBERG personally

Signature of Attorney or other Originator requesting service on behalf of: <u>P. DALE DESKINS, PRO SE</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>276-9873</u>	DATE <u>2-26-08</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin <u>OS</u>	District to Serve <u>OS</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>3/4/08</u>
---	---------------------------	---------------------------------	--------------------------------	--	-----------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>ERIC SALBERG</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
---	---

Address (complete only if different than shown above)	Date of Service <u>3/18/08</u>	Time <u>10:50</u> am
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>	

Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors) <u>0</u>	Forwarding Fee <u>0</u>	Total Charges <u>45.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)